

Franklin County Treasurer
373 S. High St. 17th Floor
Columbus, Ohio 43215-6306
(614) 462-4414

Employment Application (2005)

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, sex, religion, national origin, or other protected classification. NOTICE – When submitted to a Public Agency, this will become a Public Record. You or anyone else may review it at any time.

(PLEASE TYPE OR PRINT LEGIBLY)

Telephone No. () _____ - _____ Social Security No. _____ - _____ - _____

NAME: _____
Last First Middle

ADDRESS: _____
Number Street Apt. #

City State Zip Code

Position for which you are applying: _____

What type of Employment are you seeking? Full-time _____ Part-time _____

Has Franklin County ever employed you? Yes _____ No _____
If yes, please give dates of employment, position(s) held, and state your name while employed if different from above:

Education:

	Name & Address	Course Work	Degree
High School			
College (Undergraduate)			
College (Graduate)			
Other			

WORK HISTORY: List most recent employer first. May we contact your present employer?
Yes _____ No _____ Not Applicable _____

Most Recent Employer		Address
Telephone No.	Start Date	Starting Position
Date Left	Final/Current Salary	Final/Current Position
Name & Title of Immediate Supervisor		
Description of Duties		
Reason for Leaving		

Previous Employer		Address
Telephone No.	Start Date	Starting Position
Date Left	Final Salary	Final Position
Name & Title of Immediate Supervisor		
Description of Duties		
Reason for Leaving		

Previous Employer		Address
Telephone No.	Start Date	Starting Position
Date Left	Final Salary	Final Position
Name & Title of Immediate Supervisor		
Description of Duties		
Reason for Leaving		

Miscellaneous:

Are you a registered voter in Franklin County? Yes _____ No _____

Are you an U.S. Citizen or otherwise authorized to work in the U.S. on an unrestricted basis? Yes _____ No _____

Did a particular person refer you to this office? Yes _____ No _____
If yes, by whom? _____

Do you have any relatives working for city, county, or state government? Yes _____ No _____
If yes, state name and place of employment: _____

Are there any hours you cannot or will not work? _____

Do you have a physical or medical condition, which would limit your ability to perform usual office tasks, such as lifting boxes, using computer display terminals, cashier equipment, or sitting or standing for extended periods of time? (This list is not inclusive of requirements.)

Yes _____ No _____
If yes, what can be done to accommodate your limitation? _____

If there is any other task you are unable or limited to perform, please state _____

Are you taking any medications, which could impair your ability? Yes _____ No _____
If yes, please explain: _____

Our usual office attendance policy is 40 hours per week for full-time employment. Can you meet this requirement?
Yes _____ No _____

If hired, how soon could you begin work? _____

If a position were offered to you, would you submit to and pass a drug test administered by a professional?
Yes _____ No _____

Have you been convicted of a Felony? Yes _____ No _____ Note: A yes answer does not automatically disqualify you from employment since the nature of the offense, date & type of job for which you are applying will be considered. If yes, please explain fully: _____

References will be checked, as well as public records for criminal activity. Do you have any objections?
Yes _____ No _____

If yes, please elaborate: _____

References:

List three- (3) professional or character references that this office has permission to contact for a **Professional Recommendation**. Please do **not** list any relatives or duplicate supervisors whom you may have listed elsewhere on this application.

<u>NAME</u>	<u>PHONE NUMBER</u>	<u>PROFESSIONAL or PERSONAL REFERENCE</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby attest that the above information is true and accurate to the best of my knowledge. If I have provided false or inaccurate information, I acknowledge that I will be subject to discharge.

Signature

Date

Please Submit To:

Franklin County Treasurers Office
373 S. High St. 17th Floor
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